

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2012-33
DOMESTIC VIOLENCE ARREST POLICIES AND STANDARDS

REVISED JULY 1, 2013

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Domestic Violence Arrests Policies and Standards program. The amended Parameters and Guidelines (P's & G's) are included as an integral part of the claiming instructions.

On September 25, 1997, the Commission on State Mandates (CSM) adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

On October 30, 2009, the CSM approved the amendments to the P's & G's to update the "boilerplate language" clarifying source documentation requirements and record retention language as requested by the SCO.

Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

Eligible Claimants

Any city or county, as defined in GC sections 17511 and 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

Reimbursement Claim Deadline

Claims for the **2012-13** fiscal year may be filed by **February 18, 2014**, without a late penalty. **Claims filed more than one year after the filing date will not be accepted.**

Penalty

- **Initial Claims**

When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561, subdivision (d)(3).

- **Annual Reimbursement Claim**

When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount; \$10,000 maximum penalty, pursuant to GC section 17568.

Minimum Claim Cost

GC section 17564, subdivision (a), provides that no claim may be filed pursuant to Sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**\$1,000**).

Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

Audit of Costs

All claims submitted to the SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the P's & G's adopted by the CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by the SCO as deemed necessary. Pursuant to GC section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a claimant is subject to audit by the SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to the SCO on request.

Record Retention

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for the Controller to initiate an audit will be from the date of initial payment of the claim. Therefore, all

documentation to support actual costs claimed must be retained for the same period, and must be made available to the SCO on request.

Claim Submission

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html**.

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 700
Sacramento, CA 95816

If you have any questions, you may e-mail **LRSDAR@sco.ca.gov** or call the Local Reimbursements Section at (916) 324-5729.

AMENDMENT TO PARAMETERS AND GUIDELINES

Penal Code Section 13701, Subdivision (b)

Statutes 1995, Chapter 246

Domestic Violence Arrest Policies and Standards

05-PGA-29 (CSM - 96-362-02)

This amendment is effective beginning with claims filed for the July 1, 2005 through June 30, 2006 period of reimbursement.

I. Summary and Source of the Mandate

Chapter 246, Statutes of 1995, added a new subdivision (b) to Penal Code section 13701. Subdivision (b) requires the development, adoption and implementation of written *arrest* policies for domestic violence offenders by July 1, 1996. Further, under subdivision (b), a local agency is required to obtain input from local domestic violence agencies in developing the arrest policies.

Previously, local agencies were required to develop, adopt and implement written policies for *response* to domestic violence calls and were encouraged, but not obligated, to consult with domestic violence experts.

On September 25, 1997, the Commission adopted its Statement of Decision finding that Penal Code section 13701, subdivision (b), as added by Chapter 246, Statutes of 1995, imposed a reimbursable state mandated program upon local law enforcement agencies.

II. Eligible Claimants

Eligible claimants include local law enforcement agencies of any city, county, or city and county.

III. Period of Reimbursement

This amendment is effective beginning with claims filed for the July 1, 2005 through June 30, 2006 period of reimbursement.

Section 17557 of the Government Code states that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for reimbursement for that fiscal year. The test claim was filed by the County of Los Angeles on December 27, 1996. Chapter 246, Statutes of 1995, became effective and operative on January 1, 1996. Therefore, only costs incurred *on or after January 1, 1996*, are eligible for reimbursement.

Actual costs for one fiscal year shall be included in each reimbursement claim. Estimated costs to be incurred in the current fiscal year should be on a separate claim. Estimated and actual reimbursement claims may be filed at the same time, if applicable.

Pursuant to Government Code section 17561, subdivision (d)(1), all claims for reimbursement of costs shall be submitted within 120 days of the issuance of claiming instructions issued by the State Controller.

If total costs for a given fiscal year do not exceed \$200, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

IV. Reimbursable Activities

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, all direct and indirect costs of labor, supplies, services, travel and training, for the following activities are eligible for reimbursement:

A. Development of Written Arrest Policies (One-time)

1. Meeting and conferring with "Local Domestic Violence Agencies" to obtain input in the development of the written arrest policies.
2. Developing written arrest policies that:
 - a. Encourage the arrest of domestic violence offenders if there is probable cause that an offense has been committed;
 - b. Require the arrest of an offender, absent exigent circumstances, if there is probable cause that a protective order issued under Chapter 4 (commencing with section 2040) of Part 1 of Division 6, Division 10 (commencing with section 6200), or Chapter 6 (commencing with section 7700) of Part 3 of Division 12, of the Family Code, or section 136.2 of the Penal Code, has been violated;
 - c. Discourage, when appropriate, but not prohibit, dual arrests; and
 - d. Require peace officers to make reasonable efforts to identify the primary aggressor in any incident. In identifying the primary aggressor, an officer shall consider the intent of the law to protect victims of domestic violence from

continuing abuse, the threats creating fear of physical injury, the history of domestic violence between the persons involved, and whether either person acted in self-defense.

B. Adoption of Written Arrest Policies (One-time)

Meetings between the local law enforcement agency and appropriate local government official(s) on adoption of written arrest policies.

C. Training Officers About New Written Domestic Violence Arrest Policies (One-time)

1. Printing and distributing the new written domestic violence arrest policies to all stations, substations, and other sites that normally respond to incidents of domestic violence.
2. Development of instructional aids and training materials for purposes of training local law enforcement officers who normally respond to incidents of domestic violence on the new domestic violence arrest policies.
3. Training local law enforcement officers who normally respond to incidents of domestic violence on the new domestic violence arrest policies.

D. Implementation of the New Domestic Violence Arrest Policies to Identify the Primary Aggressor (On-going)

1. Interview of both parties involved in the domestic violence incident.
2. Consideration of the following factors:
 - a) Size of the parties
 - b) Use of weapons
 - c) Is one party stronger than the other
 - d) Is one party specially trained in martial arts, boxing, or hand-to-hand combat techniques
 - e) Who is afraid
 - f) Who has the more serious injuries
 - g) Location and nature of injuries (offensive vs. defensive)
 - h) Did one party escalate the level of violence (push followed by serious beating)
 - i) History of abuse (is one person usually the aggressor)
 - j) Timing of the second arrest (person claimed to have been assaulted only after arrested)
 - k) Existence of court protective orders
 - l) Demeanor of the parties
 - m) Use of alcohol and other drugs
 - n) Existence of corroborating evidence or witnesses
 - o) Criminal history

- p) Other legal defenses
- q) Indicators of defensive injuries including wounds on victim's palm(s) of hand(s); wounds on inside and outside of victim's arms; bumps on victim's head (especially the back); bite marks on perpetrator's chest, biceps, or forearms; and scratches on perpetrator's face, chest, neck (strangulation cases).¹

E. Uniform Cost Allowance

Pursuant to Government Code section 17557, the Commission on State Mandates has adopted a uniform cost allowance for reimbursement in lieu of payment of total actual costs incurred. The uniform cost allowance is applied only to Section IV, Reimbursable Activities, Component D (Implementation of the New Domestic Violence Arrest Policies to Identify the Primary Aggressor) and covers all costs (direct and indirect) of performing activities described under Component D. The uniform cost allowance provides the following:

A standard time of twenty-nine (29) minutes may be claimed to identify the primary aggressor in any domestic violence incident. The standard time of twenty-nine (29) minutes is broken down as follows:

- Seventeen (17) Minutes – Interview of both parties.
- Twelve (12) Minutes – Consideration of the factors listed above.²

The total cost will be determined by multiplying the number of reported responses x the average productive hourly rate, including applicable indirect costs as specified in section V., paragraph B, herein, x .48 (29 minutes divided by 60 minutes).

V. Claim Preparation

Claims for reimbursement must be timely filed and identify each cost element for which reimbursement is claimed under this mandate. Claimed costs must be identified to each reimbursable activity identified in Section IV of this document, except that standard times may be used as provided herein.

SUPPORTING DOCUMENTATION

Claimed costs shall be supported by the following cost element information:

A. Direct Costs

Direct Costs are defined as costs that can be specifically traced to specific goods, services, units, programs, activities or functions.

¹ The activities required to identify the primary aggressor are based on training material developed by the Commission on Peace Officers Standards and Training (POST).

² The standard time to identify the primary aggressor is based on the Declarations of Bernice K. Abrams, Deputy and Director of the Family Violence Project, Los Angeles County Sheriff's Department, dated July 14, 1998, and August 4, 1998.

Claimed costs shall be supported by the following cost element information:

1. Salaries and Benefits

Identify the employee(s), and/or show the classification of the employee(s) involved. Describe the mandated functions performed and specify the actual time devoted to each function by each employee, productive hourly rate and related fringe benefits.

Reimbursement for personal services include compensation paid for salaries, wages and employee fringe benefits. Employee fringe benefits include regular compensation paid to an employee during periods of authorized absences (e.g., annual leave, sick leave) and the employer's contribution of social security, pension plans, insurance and worker's compensation insurance. Fringe benefits are eligible for reimbursement when distributed equitably to all job activities which the employee performs.

2. Materials and Supplies

Only expenditures that can be identified as a direct cost of this mandate may be claimed. List the cost of the materials and supplies consumed specifically for the purposes of this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

3. Contract Services

Provide the name(s) of the contractor(s) who performed the services, including any fixed contracts for services. Describe the reimbursable activity(ies) performed by each named contractor and give the number of actual hours spent on the activities, if applicable. Show the inclusive dates when services were performed and itemize all costs for those services. Attach consultant invoices with the claim.

4. Fixed Assets

List the cost of the fixed assets that have been acquired specifically for the purpose of this mandate. If the fixed asset is utilized in some way not directly related to the mandated program, only the pro-rata portion of the asset which is used for the purposes of the mandated program is reimbursable.

5. Travel

Travel expenses for mileage, per diem, lodging and other employee entitlements are reimbursable in accordance with the rules of the local jurisdiction. Provide the name(s) of the traveler(s), purpose of travel, inclusive dates and time of travel, destination points and travel costs.

6. Training

The cost of training specified in Section IV, Reimbursable Activities, is eligible for reimbursement. Identify the employee(s) by name and job classification. Provide the title of the training session, the dates attended and the location. Reimbursable costs include salaries and benefits, registration fees, transportation, lodging and per diem.

B. Indirect Costs

Indirect costs are defined as costs which are incurred for a common or joint purpose, benefiting more than one program and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of central government services distributed to other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is reimbursable utilizing the procedure provided in the OMB A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing a departmental Indirect Cost Rate Proposal (ICRP) for the department if an indirect cost rate in excess of 10% is claimed. If more than one department is claiming indirect costs for the mandated program, each department must have its own ICRP prepared in accordance with OMB A-87. An ICRP must be submitted with the claim when the indirect cost rate is in excess of 10%.

C. Cost Accounting Statistics

The State Controller's Office is directed to include in the claiming instructions a request that claimants send an additional copy of the test claim specific form for the initial year's reimbursement claim by mail or facsimile to the Commission on State Mandates, 1300 I Street, Suite 950, Sacramento, California 95814, Facsimile number: (916) 445-0278. Although providing this information to the Commission on State Mandates is not a condition of reimbursement, claimants are encouraged to provide this information to enable the Commission to develop a statewide cost estimate which will be the basis for the appropriation to be made by the Legislature for this program.

VI. Record Retention

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter³ is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

VII. Offsetting Savings and Other Reimbursement

Any offsetting savings the claimant experiences as a direct result of the subject mandate must be deducted from the costs claimed.

³ This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

Reimbursement for this mandate received from any source, including but not limited to, service fees collected; funds from the federal Violent Crime Control and Law Enforcement Act, Community Oriented Policing, Family or Domestic Violence Prevention, or any other federal funds; and any other state funds shall be identified and deducted from this claim.

VIII. State Controller's Office Required Certification

An authorized representative of the claimant shall be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the State contained herein.

DOMESTIC VIOLENCE ARREST POLICIES AND STANDARDS CLAIM FOR PAYMENT			For State Controller Use Only	PROGRAM 167
(19) Program Number 00167 (20) Date Filed (21) LRS Input				
(01) Claimant Identification Number			Reimbursement Claim Data	
(02) Claimant Name			(22) FORM 1, (04)(a)	
County of Location			(23) FORM 1, (04)(b)	
Street Address or P.O. Box		Suite	(24) FORM 1, (06)	
City	State	Zip Code	(25) FORM 1, (07) A. (g)	
		Type of Claim	(26) FORM 1, (07) B. (g)	
		(03) (09) Reimbursement <input type="checkbox"/>	(27) FORM 1, (07) C. (g)	
		(04) (10) Combined <input type="checkbox"/>	(28) FORM 1, (09)	
		(05) (11) Amended <input type="checkbox"/>	(29) FORM 1, (10)	
Fiscal Year of Cost	(06)	(12)	(30) FORM 1, (12)	
Total Claimed Amount	(07)	(13)	(31) FORM 1, (13)	
Less: 10% Late Penalty (refer to attached Instructions)		(14)	(32)	
Less: Prior Claim Payment Received		(15)	(33)	
Net Claimed Amount		(16)	(34)	
Due from State	(08)	(17)	(35)	
Due to State		(18)	(36)	
<p>(37) CERTIFICATION OF CLAIM</p> <p>In accordance with the provisions of Government Code Sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.</p> <p>I further certify that there was no application other than from the claimant, nor any grants or payments received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Signature of Authorized Officer</p> <p>_____</p> <p>Type or Print Name and Title of Authorized Signatory</p> </div> <div style="width: 45%;"> <p>Date Signed _____</p> <p>Telephone Number _____</p> <p>E-Mail Address _____</p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>(38) Name of Agency Contact Person for Claim</p> <p>_____</p> <p>Name of Consulting Firm / Claim Preparer</p> </div> <div style="width: 45%;"> <p>Telephone Number _____</p> <p>E-mail Address _____</p> <p>Telephone Number _____</p> <p>E-mail Address _____</p> </div> </div>				

PROGRAM 167	DOMESTIC VIOLENCE ARREST POLICIES AND STANDARDS CLAIM FOR PAYMENT INSTRUCTIONS	FORM FAM-27
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- (01) Enter the claimant identification number assigned by the State Controller's Office.
- (02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.
- (03) to (08) Leave blank.
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) Not applicable.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim as shown on Form 1 line (14). The total claimed amount must exceed \$1,000; minimum claim must be \$1,001.
- (14) Initial claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:
- Late Initial Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
 - Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed \$10,000.
- (15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.
- (16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., Form 1, (07) A. (g), means the information is located on Form 1, line (07) A., column (g). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process.**
- (37) Read the statement of Certification of Claim. The claim must be dated, signed by the agency's authorized officer, and must type or print name, title, date signed, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification. (Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and e-mail address.

SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:

Address, if delivered by U.S. Postal Service:

OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250

Address, if delivered by other delivery service:

OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 700
 Sacramento, CA 95816

PROGRAM 167	DOMESTIC VIOLENCE ARREST POLICIES AND STANDARDS CLAIM SUMMARY						FORM 1	
(01) Claimant				(02) Fiscal Year 20___/ 20___				
(03) Department								
(04) Claim Statistics								
(a) Number of reported responses to incidents in the fiscal year of claim								
(b) Average productive hourly rate including applicable indirect costs (Refer to claiming instructions)								
(c) Standard time allowed – 29 minutes (0.48 of an hour)							0.48 hour	
Unit Cost Method – Reimbursable Activity D								
(05) Ongoing Activity								
D. Implementation of New Policies				[Line (04)(a) x (04)(b) x (04)(c)]				
(06) Total Direct and Indirect Costs for Activity D				[Carry forward from line (05)(D)]				
Direct Costs		Object Accounts						
Actual Cost Method		(a)	(b)	(c)	(d)	(e)	(f)	(g)
(07) One-Time Activities		Salaries	Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel and Training	Total
A. Development of Written Policies								
B. Adoption of Written Policies								
C. Training Officers on New Policies								
(08) Total Direct Costs (A, B, C)								
Indirect Costs								
(09) Indirect Cost Rate						[From ICRP or 10%]		%
(10) Total Indirect Costs						[Refer to Claim Summary Instructions]		
(11) Total Direct and Indirect Costs						[Line (06) + line (08)(g) + line (10)]		
Cost Reduction								
(12) Less: Offsetting Revenues								
(13) Less: Other Reimbursements								
(14) Total Claimed Amount						[Line (11) - {line (12) + line (13)}]		

PROGRAM 167	DOMESTIC VIOLENCE ARREST POLICIES AND STANDARDS CLAIM SUMMARY INSTRUCTIONS	FORM 1
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of claim.
- (03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 must be completed for each department.
- (04) (a) Enter the number of reported responses to domestic violence incidents in the fiscal year of claim.
- (b) Enter the average productive hourly rate including applicable indirect costs. The indirect costs are calculated as either a flat rate of 10% multiplied by direct labor (excluding fringe benefits) or the department's Indirect Cost Rate Proposal (ICRP) rate multiplied by the appropriate indirect cost base.
- (c) The standard time allowed is 29 minutes which equates to 0.48 hour.
- (05) Calculate costs by using the product of the number of reported responses by the average PHR by the standard time allowed [(04)(a) x (04)(b) x (04)(c)].
- (06) Total Direct and Indirect Costs for the Implementation of New Policies (Activity D). Enter the total from the line above, (05)(D).
- (07) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (i), to Form 1, block (07), columns (a) through (f), in the appropriate row. Total each row.
- (08) Total Direct Costs of Activities, A, B, and C. Total columns (a) through (g).
- (09) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an ICRP. If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.
- (10) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget OMB Circular A-87 (Title 2 CFR Part 225). If the flat rate is used for indirect costs, multiply Total Salaries, line (08)(a), by 10%. If an ICRP is used, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (09). If more than one department is reporting costs, each must have its own ICRP for the program.
- (11) Enter the sum of Total Direct and Indirect Costs for Activity D, line (06), Total Direct Costs (08)(g), and Total Indirect Costs, line (10).
- (12) If applicable, enter any revenue received by the claimant for this mandate from any state or federal source.
- (13) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (14) From Total Direct and Indirect Costs, line (11), subtract the sum of Offsetting Revenues, line (12), and Other Reimbursements, line (13). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) for the Reimbursement Claim.

PROGRAM 167		DOMESTIC VIOLENCE ARREST POLICIES AND STANDARDS ACTIVITY COST DETAIL						FORM 2	
(01) Claimant				(02) Fiscal Year 20__ / 20__					
(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.									
One-Time Activities									
<input type="checkbox"/> A. Development of Written Policies <input type="checkbox"/> C. Training Officers on New Policies									
<input type="checkbox"/> B. Adoption of Written Policies									
(04) Description of Expenses				Object Accounts					
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials And Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel And Training	
(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ____ of ____									

PROGRAM 167	DOMESTIC VIOLENCE ARREST POLICIES AND STANDARDS ACTIVITY COST DETAIL INSTRUCTIONS	FORM 2
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred.
- (03) Check the box that indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each activity.
- (04) The following table identifies the type of information required to support reimbursable costs. To detail costs for the activity box checked in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, and travel and training expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for the Controller to initiate an audit will be from the date of initial payment of the claim. Such documents must be made available to the SCO on request.

Object/ Sub object Accounts	Columns									Submit supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Salaries	Employee Name and Title	Hourly Rate	Hours Worked	Salaries= Hourly Rate x Hours Worked						
Benefits	Activities Performed	Benefit Rate			Benefits+ Benefit Rate X Salaries					
Materials and Supplies	Description of Supplies Used	Unit Cost	Quantity Used			Cost= Unit Cost X Quantity Used				
Contract Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service				Cost=Hourly Rate x Hours Worked or Total Contract Cost			Copy of Contract and Invoices
Fixed Assets	Description of Equipment Purchased	Unit Cost	Usage					Cost=Unit Cost x Usage		
Travel and Training	Purpose of Trip Name and Title Departure and Return Date	Per Diem Rate Mileage Rate Travel Cost	Days Miles Travel Mode						Total Travel=Rate x Days or Miles	
	Employee Name and Title Name of Class		Dates Attended						Registration Fee	

- (05) Total line (04), columns (d) through (i) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (i) to Form 1, block (07), columns (a) through (f) in the appropriate row.